

AF/1641



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

TECH CENTER 1600/2900

FEB 02 2004

RECEIVED

Applicants: Martens, et al.

Examiner: Gary W. Counts

Serial No: 09/850,363

Group Art Unit: 1641

Confirmation No.: 2538

Docket: 294-100

Filing Date: May 7, 2001

Dated: January 22, 2004

For: **SHORT TURNAROUND TIME INSULIN  
ASSAY AND PROTOCOL THEREFOR**

|  |   |
|--|---|
| Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | <i>I hereby certify this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 22, 2004</i><br>Signature: <i>Julie L. Watts</i> |
|--|---|

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Applicants hereby appeal to the Board from the decision of the Primary Examiner,  
Mailed July 22, 2003, finally rejecting Claims 19-28.

The item(s) checked below are appropriate:

**1. STATUS OF APPLICANT**

This application is on behalf of

- ☒ other than a small entity.  
☐ small entity.

A verified statement claiming small entity status

- ☐ is attached.  
☐ was previously filed.

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)**

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

FACSIMILE

- ☒ Deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

- ☐ Transmitted by facsimile to the Patent and Trademark Office

*Julie L. Watts*  
Signature  
Julie L. Watts  
Typed or Printed Name

Date: January 22, 2004

01/28/2004 NGUYEN 00000023 09850363 330.00 DP 950.00 DP 01 FC:1401 02 FC:1253

**2. FEE FOR FILING NOTICE OF APPEAL**

Pursuant to 37 CFR 1.17(e), the fee for filing the Notice of Appeal is:

|                                     |                         |          |
|-------------------------------------|-------------------------|----------|
| <input type="checkbox"/>            | small entity            | \$165.00 |
| <input checked="" type="checkbox"/> | other than small entity | \$330.00 |

Notice of Appeal fee due **\$330.00**

**3. EXTENSION OF TERM**

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (A) or (B), as applicable)

(A) ☒ Applicants petition for an extension of time under 37 CFR 1.136 for the total number of months checked below (fees: 37 CFR 1.17(a)-(d)):

|                                     | Extension<br>(months) | Fee for Other than<br>Small Entity | Fee for<br>Small Entity |
|-------------------------------------|-----------------------|------------------------------------|-------------------------|
| <input type="checkbox"/>            | one month             | \$ 110.00                          | \$ 55.00                |
| <input type="checkbox"/>            | two months            | \$ 420.00                          | \$210.00                |
| <input checked="" type="checkbox"/> | three months          | \$ 950.00                          | \$475.00                |
| <input type="checkbox"/>            | four months           | \$1,480.00                         | \$740.00                |

Fee due for indicated extension **\$950.00**

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

(B) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

**4. TOTAL FEE DUE**

The total fee due is:

|                        |                  |
|------------------------|------------------|
| Notice of Appeal fee   | \$ <u>330.00</u> |
| Extension fee (if any) | \$ <u>950.00</u> |

TOTAL FEE DUE **\$ 1280.00**

**5. FEE PAYMENT**

☒ Attached is a check in the sum of **\$1280.00**

☐ Charge Account No. \_\_\_ the sum of \$\_\_\_\_\_

A duplicate of this transmittal is attached.

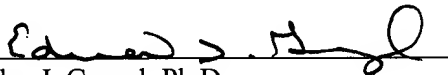
6. **FEE DEFICIENCY**

- ☒ [X] If any additional extension and/or fee is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

AND/OR

- ☒ [X] If any additional fee for claims is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

Respectfully submitted,

  
Edna I. Gergel, Ph.D.  
Agent for Applicant(s)  
Registration No. 50,819

HOFFMANN & BARON, LLP  
6900 Jericho Turnpike  
Syosset, New York 11791  
(516) 822-3550  
EIG:jlw

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